



Alexandria Neuro Center and Headache Clinic

Arsham Naalbandian, M.D., FAAN
Neurology

Electromyography and Electrodiagnosis

*Diplomate American Board of
Neurology and Psychiatry*

Fellow American Academy of Neurology

JERRY MCKINNEY

#94489

M. Riad Hajmuraad, M.D.
Neurology

Electromyography and Electrodiagnosis

*Diplomate American Board of
Neurology and Psychiatry with
Qualification in Pediatric Neurology*

DOB: 03/29/53

07/31/18 The patient has history of bilateral hemispheric CVA. He has been doing fairly well.
No further TIA or CVA.

The patient is very sensitive to noises. When he hears loud noises, he gets very irritable and has headaches.

No dizziness. No double vision. No passing out spells.

I am going to do BAER study to be sure there are no abnormalities of the eighth nerve.

The patient has been having weakness in his arms with numbness. I did nerve conduction study and EMG. This showed evidence of mild cervical spondylosis and carpal tunnel syndrome. For that reason, his hand coordination is not good. He cannot do shooting as a police officer. He is supposed to change his position to watching the inmates. There are a lot of noises. He probably cannot work in these conditions. For that reason, I will give him excuse to continue what he is doing now.

I am going to repeat the MRI for followup of his previous CVA.

Past medical history is significant for hypertension, stable.

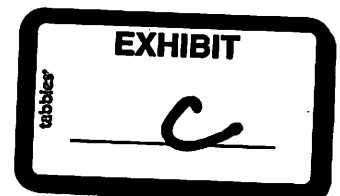
No chest pain or shortness of breath. No difficulty swallowing. He has increasing hypersensitivity to noises.

REVIEW OF SYSTEMS: Medical history and review of systems were covered on the patient's questionnaire and reviewed.

Blood pressure 140/80. No carotid bruits. Pulse 84.

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1010 Bayou Trace Dr.
Alexandria, LA 71303
(318) 473-8304
FAX (318) 448-8877





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NEUROLOGIC EXAMINATION:

Mental Status: The patient seems to be alert, awake. Mental status is clear. Speech is normal. Follows commands properly. Oriented to time, place, person. No evidence of aphasia, whether it be receptive or expressive.

Head & Neck: Normocephalic. Neck is supple. No carotid bruit. No tenderness in the temporal or cervical area.

Cranial Nerves: Extraocular movements are intact. No visual field deficit. Normal sensation in the Trigeminal nerve. No facial asymmetry. Tongue and palate midline. Sternocleidomastoid muscle is normal.

Sensation: Normal to pinprick, vibratory, position. No sensory level present.

Motor: There is good range of motion in both upper and lower extremities. No focal atrophy or fasciculations. Good tone. No spasticity or increased tone. Good strength. Downgoing toe bilaterally. No posture. Finger to nose is intact. No drift. Gait is normal. Reflexes are 2+.

I did EMG and nerve conduction study. This showed evidence of carpal tunnel syndrome and some chronic changes in C6.

IMPRESSION:

1. Multiple CVA bilaterally.
2. Increasing sensitivity to noises in both ears. I wonder if it may be related to CVA or eighth nerve. We will do BAER study and repeat MRI of the brain. We will continue aspirin daily.

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